



Iowa Department of Human Services

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Governor

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Lt. Governor

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Director

INFORMATIONAL LETTER NO.1402

DATE: June 30, 2014

TO: Iowa Medicaid Home and Community Based Service (HCBS) Waiver Providers Case Managers (CM), Targeted Case Managers (TCM), Service Workers (SW) and Supervisors, Service Area Administrators, Income Maintenance Workers and Pediatric Integrated Health Homes (IHH)

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: HCBS Administrative Rules Change

EFFECTIVE: July 1, 2014

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services (DHS) has amended 441 Iowa Administrative Code Chapter 77, "Conditions of Participation for Providers of Medical and Remedial Care," and Chapter 83, "Medicaid Waiver Services," Iowa Administrative Code. These changes will eliminate the need for certain exception to policy (ETP) requests by removing the cost of certain services from the member's total monthly cost of services. These changes give waiver members the opportunity to access more direct services as medically necessary, while keeping the monthly cost of services within the monthly cap allowed in rule.

Program and Rule	Effect of the Amendment	What This Means
Brain Injury (BI) Waiver 77.39 83.82(1)"c" 83.82(2)"d"	<ol style="list-style-type: none">1. Removes the age cap for the BI Waiver2. Removes the cost of BI Waiver Case Management from the total monthly cost of services.3. Removes the cost of Home and Vehicle Modifications (HVM) from the total monthly cost of services4. Adds a required DHS BI Training for enrolling providers and any staff providing direct services under the BI Waiver beginning January 1, 2015.<ol style="list-style-type: none">a) Any newly enrolling providers on or after January 1, 2015, will be required to complete the DHS BI Training and document completion of the training.	<ul style="list-style-type: none">• Members may remain on the BI Waiver after age 65 and continue to receive services in their home.• Eliminates the need for ETPs and will allow members to receive direct services up to the monthly dollar amount allowed for services in rule.• Eliminates the need for ETPs. The Case Manager will no longer need to encumber a portion of the cost of HVM within the member's monthly dollar amount allowed for services in rule. All requests for HVM will continue to require prior authorization. Members will have more funds available for direct services.• By providing a standardized training that is required of each person

	<p>b) Any staff beginning a service provision under the BI Waiver on or after January 1, 2015, must complete the DHS BI Training within 60 days from the date the worker begins providing BI Waiver direct care services.</p> <p>c) Providers enrolled before January 1, 2015, and any workers providing direct services prior to January 1, 2015, are considered exempt and presumed to meet the prior requirements under the rule.</p>	<p>working with individuals receiving services through the waiver, the Department can ensure that providers and their employees have consistent information regarding brain injuries.</p>
<p>Children's Mental Health Waiver</p> <p>83.122(6)"b"</p>	<p>Removes the cost of environmental modifications), adaptive devices and therapeutic resources (EMOD) from the total monthly cost of services.</p>	<ul style="list-style-type: none"> • Eliminates the need for ETPs to exceed the waiver maximum when EMOD is included in the plan. All requests for EMOD will continue to require prior authorization. • Members will have more funds available for direct services.
<p>Elderly Waiver</p> <p>83.22(2)"c"(2)</p>	<ol style="list-style-type: none"> 1. Removes the cost of HVM from the total monthly dollar amount allowed for services. 2. Removes the cost of Adaptive Devices from the total monthly cost of services. 	<ul style="list-style-type: none"> • Eliminates the need for ETPs to exceed the waiver maximum when HVM or assistive devices are included in the plan. All requests for HVM or assistive devices costing more than \$50.00 will continue to require prior authorization. • Members will have more funds available for direct services.
<p>Health and Disability Waiver</p> <p>83.2(3)"b"</p>	<p>Removes the cost of HVM from the total monthly cost of services.</p>	<ul style="list-style-type: none"> • Eliminates the need for ETPs. • The SW or CM will no longer need to encumber a portion of the cost of HVM within the member's monthly dollar amount allowed for services in rule. All requests for HVM will continue to require prior authorization. • Members will have more funds available for direct services.
<p>Physical Disability Waiver</p> <p>83.102(2)"b"</p>	<p>Removes the cost of HVM from the total monthly cost of services.</p>	<ul style="list-style-type: none"> • Eliminates the need for ETPs. • The SW or CM will no longer need to encumber a portion of the cost of HVM within the member's monthly dollar amount allowed for services in rule. All

		requests for HVM will continue to require prior authorization. <ul style="list-style-type: none"> • Members will have more funds available for direct services
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All administrative rules may be accessed at the [Rules and Policies](#)¹ webpage.

Questions regarding these administrative rule changes should be addressed with your HCBS Specialist or you may contact LeAnn Moskowitz, Program Manager, at 515-256-4653 or lmoskow@dhs.state.ia.us.

¹ <http://dhs.iowa.gov/ime/providers/rulesandpolicies>